

Page 1 of 10

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 1

SEC USE ONLY					
Prefix		Serial			
	,				
DAT	E RECEI	VED			

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Cross River Apartments, LP, Limited Partnership Interests and Trust Certificates

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 **½** Rule 506 [] **Section 4(6)** [] **ULOE**

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.)

Cross River Apartments, LP

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number (303) 329-9900

One DTC, 5251 DTC Parkway, Suite 850, Greenwood Village, CO 80111

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

http://www.sec.gov/divisions/corpfin/forms/formd.htm

11/3/2002

AAR 1 8 2003

THOMSOM FINANCIAL

Acquisition and Mana	gement of Two Apartment Complexes in Washington Stat	: е
Type of Business Organization		
[] corporation	[X] limited partnership, already formed [] other (please specify):	
[] corporation [] business trust	[] limited partnership, to be formed	
	Month Year	
	Orporation or Organization: [1] 2] [0] 2 [X] Actual [1] Estimated Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [C] [0] 1	
	Six is: Canada, ix is: Six and isology jurisdiction, [C] §]	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing partner of partnership issuers.

Check Box(es) that Apply:		Beneficial Owner	K) Executive Officer		General and/or Managing Partner
Full Name (Last name	first, if individual)				
James R. Hill	, President	of the Gen	eral Partner		
Business or Residence	e Address (Numbe	er and Street, C	City, State, Zip Code)	
One DTC, 5251	DTC Parkway	, Suite 85	0, Greenwood	Village, CO	80111
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director [X]	General and/or Managing Partner
Full Name (Last name	first, if individual)				
Hill-Cross Rive	r Associates	s, Inc.			
Business or Residence	•		City, State, Zip Code	∍)	
One DTC, 5251	DTC Parkway,	, Suite 85	0, Greenwood	Village, CO	80111
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Business or Resident Check Box(es) that Apply:] General and/or Managing Partner
Full Name (Last nam	ne first, if individua	1)			
Business or Resider	nce Address (Num	ber and Street	, City, State, Zip Coo	de)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner
Full Name (Last nar					
	ne first, if individua	al)			
Business or Reside			t, City, Stale, Zip Co	de)	

Apply:			C	Owner		Officer				Managi Partner	ng
Full-Name (Last	name firs	st, if indi	vidual)								
Business or Res	idence A	ddress ((Numbei	r and Str	eet, City	, State, Z	(ip Code				
Check Box(es) t Apply:	hat [] Promo		Beneficia Owner	ıl [] Execu Officer		[] Dire	ector[]	Genera Managi Partner	ng
Full Name (Last	name fir	st, if indi	vidual)								
Business or Res	idence A	∖ddress	(Numbe	r and Sti	reet, City	, State, 2	Zip Code)			
(U	se blank	sheet,	or copy	and us	e additio	onal cop	ies of th	is sheet	t, as ne	cessary	'.)
			B . I	NFORM	ATION A	ABOUT (OFFERIN				
1. Has the issue offering?	er sold, o	or does t	he issue	er intend	to sell, to	o non-ac	credited i	investors	s in this		s No] [x]
2 What is the m	ainimum						ling unde			• •	100 000
2. What is the n					,	•				⊅∠ Ye	.00,000 s No
3. Does the offe		•		·	-					[] []
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name (Las Christophe			•								
Business or Re	sidence	Address	(Numb	er and S	treet, Cit	y, State,	Zip Code	e)			
1610 Wynko	oop St	reet,	Suite	500,	Denve	er,Col	orado	80202			
Name of Assoc	iated Bro	oker or [Dealer								
Phillips 8	& Tobe	r, In	c.								
States in Which (Check "All S								ers	[] All S	States
[AL] [AK] [IL] [IN] [MT] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[NJ] [KY] [C X]	[CO] [LA] [NM]	(CT) [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[RI] [SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

Full Na	me (Las	t name f	first, if in	dividual)							
g mage	•	!	. 7.									
Busine	ss or Re	sidence	Addres	s (Numb	er and S	treet, Ci	ty, State,	Zip Cod	e)			
<u> -</u> 40 - 1						1.00	: .	របស់ជំព	3/120/2			
Name (of Assoc	iated Br	oker or	Dealer								
Phil:	Lips &	Tobe:	r, Iho	2.								
(Che	ck "All S	States"	or che	ck indi	vidual 9	States)	•••••			-] All St	
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]		[AR] [KS] [NH] [TN]		-	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	me (Las Finle		first, if in	idividual			TW PARK THE NAME OF THE PROPERTY OF THE			***		
Busine	ss or Re	sidence	Addres	s (Numb	er and S	Street, Ci	ty, State	, Zip Cod	e)			
1610	Wynko	op St	reet	,Suite	500,	Denve	r, Col	orado	80202			
Name	of Assoc	iated Br	oker or	Dealer								
Phil	lips	& Tob	er, Ii	ĭc.			• •					
								Purchase	ers		1 411 01	
-										•] All St	
[AL] [IL]	[AK]	[AZ]	[AR] [KS]	[CA] [KY]	[CXO]	[CT]	[DE]	[DC] [MA]	[FL] [MI]		[HI]	[ID]
[MT]	[IN] [NE]		[NH]		[LA] [NM]	[ME]	[MMD] [NC]	[ND]			[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]		[T X]	[UT]		[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(L	Jse blar	nk shee	t, or co	oy and u	ıse addi	tional co	pies of 1	this shee	et, as nec	cessary	.)
	C. 0	FFERIN	NG PRIC	CE, NUM	IBER OF	INVES	TORS, E	XPENSE	S AND	JSE OF I	PROCE	EDS
and the lf the col	e total ar ransactio	nount alon is an alow the	lready s exchang amount	old. Ente ge offerir	er "0" if a ng, checl	nswer is k this bo	"none" c	idicate in				
										regate		nt Already
	ype of Seebt									ng Price 00,000	_	Sold 00,000
_			•••••						\$		\$	
_	المائد من ومن				[] Pre				œ		œ.	
			•	•			•••••		\$ \$_5,2	00,000	\$5,20	00,000
									\$		\$	
	Total		• • • • • • • • • • • • • • • • • • • •						\$10,0	<u>000,000</u>	\$10,0	000,000

Aggregate

Answer also in Appendix, Column 3, if filing under ULOE.

2. Inter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number	Dollar Amount
	Investors	of Purchases
Accredited Investors	74	\$10,000,000
Non-accredited Investors	0	<u> \$ 0 </u>
Total (for filings under Rule 504 only)		^{\$} 10,000,000
Answer also in Appendix, Column 4, if filing under ULOE.		

3. If this filing is for an offering under <u>Rule 504</u> or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		.\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$
Printing and Engraving Costs	[X] \$_1.000
Legal Fees	[]\$ 55,000
Accounting Fees	[]\$
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	
Other Expenses (identify)	[X] \$ 9,000
Total	[]\$_999,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

*Includes reduction in purchase price of securities purchased by affiliates 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

•	•	Directors, &	Payments To Others
	Salaries and fees	[] \$	[] \$
	Purchase of real estate	[] \$	[X] \$7,110,000
	Purchase, rental or leasing and installation of machinery and equipment	[] \$	[] \$
	Construction or leasing of plant buildings and facilities	[] \$	[] \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	[]
	Repayment of indebtedness	[] \$	[] \$
	Working capital	[]	X \$ 405,375
	Other (specify): other costs incurred in the	[]	(X) \$ 1,201,225
	acquisition and closing costs of the properties finance fee paid to general partner	X \$ 284,400	[]
	Column Totals	X \$284,400	\$8,716,600
	Total Payments Listed (column totals added)	X]\$9,	001,000

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature)	Date
Cross River Apartments, LP	Mas	2/24/2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James R. Hill	President	

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18
U.S.C. 1001.)

E. STATE SIGNATURE

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification of such rule? The subject to any of the disqualification of the disqualificati					
See Appendix, Column 5, for state response.					

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Cross River Apartments, LP	2/24/2003
Name of Signer (Print or Type)	Title (Print or Type)
James R. Hill	President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3 4			5			
								Disqualif	
	Type of security							under Stat	e ULOE
	Intend t	to sell	and aggregate					(if yes, a	attach
	to non-ac	credited	offering price	İ	explanation of				
	investors	in State	offered in state	ar	amount purchased in State			waiver granted) (Part E-Item 1)	
	(Part B-I	tem 1)	(Part C-Item 1)		(Part				
				Number of		Number of			
	}			Accredited		Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
					1				

ا ۱	Ī	1	1		1	l 1		1 1		1 1
AZ		ļ	 		ļ					
AR			<u> </u>							——
C.X			ļ							
CO		Х	(1)	(2)	48(1)46(2)8,96	6,000			Χ
СТ										
DE										
DC										
FL		X	(1)	(2)	1(1)1(2)	100,00	0			
GA		i								
HI			1							
1D			†	,	1					
IL		 	1		1				-	
IN			 		1					
IA			 		†				_	
KS		 	 		+					
KY		 	+		 			 		\vdash
LA		 	+	·	 	-				
			┼		 			<u> </u>		— —
ME			 						_	
MD			 						_	
MA			<u> </u>		ļ				_	
MI										
MN			1						_	
MS										
МО	l	·								
MT										
NE										
NV				***						
NH					1					
NJ		 	 			-				
NM		 				 		 		
NY		 	+		 	-			<u> </u>	\vdash
NC		 	+		 					\vdash
ND	<u> </u>				 					
		 	+		 	-			<u> </u>	
O T		1	 		•		 		ļ	
OK	 	-	+		 			 	 	
OR	ļ	<u> </u>			 	ļ		 	ļ	├ ─┤
PA		 	-		 	<u> </u>	ļ			
RI		<u> </u>				<u> </u>			ļ	
sc		<u> </u>								
SD	<u></u>	<u> </u>	1					1		<u> </u>
TN										
TX		Х	(1)	(2)	3(1)33(2	350,0	00			
UT]
VT		T					1			
VA		1	†			1			1	
WA							1			
WV		1								
WI	 	t	 		 	1			1	
	Limitod	 	+				000 Aggrega	+	+	+

⁽¹⁾ Limited Partnership Interests, \$5,200,000 Aggregate offering price.
(2) Grantor Trust pass through certificate, \$4,800,000 Aggregate offering price. http://www.sec.gov/divisions/corpfin/forms/formd.htm 11/3/2002

Form D					¢	e ·					
	WY		i	l	-	ı	1	1	1	ı	ı
	PR]

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002